

CVDR/S6/23/14/1

COVID-19 Recovery Committee

**14th Meeting, 2022 (Session 6),
Thursday
22 June 2023**

Recovery of NHS dental services inquiry

Introduction

1. This aim of this inquiry is to scrutinise what action the Scottish Government is taking to return the provision of NHS dental services to pre-pandemic levels of activity. The inquiry will focus on tracking progress on this commitment, highlighted in the Scottish Government's [NHS Recovery Plan \(2021-2026\)](#), with consideration of the following issues—
 - Implementation of funding to improve ventilation and other equipment available to practices delivering NHS dentistry services;
 - The extent to which NHS dentistry services have recovered to pre-pandemic levels since the NHS Recovery Plan was published; and
 - How access to services is being targeted and monitored in communities that experience health inequalities.
2. This is the second formal evidence session of the inquiry, in which the Committee will hear about dentists' experiences of NHS dental services and will take evidence from the following panel of witnesses—
 - Douglas Thain, Chair, Scottish Dental Association
 - David McColl, Chair, Scottish Dental Practice Committee, British Dental Association
 - Dr Atif Bashir BSc BDS MSc MFDS (Ed), Chair, Scottish Dental Practice Owners

Background

3. The Scottish Parliament Information Centre (SPICe) has published a blog on the recovery of NHS dental services to support this inquiry: [NHS Dental Services in Scotland – Braced for change](#).

Written evidence

Correspondence with the Scottish Government and Health Boards

4. At the outset of the inquiry, the Committee wrote to the Scottish Government seeking an update on the current position regarding the recovery of NHS dental services in Scotland. The Scottish Government's [response](#) has been published on the website and is attached in **Annexe A** for ease of reference.
5. The Committee also [wrote](#) to all territorial health boards, seeking further information in relation to NHS dental services within their health board area. These responses have been published on the [website](#). The Committee took evidence on the inquiry from three health boards at its meeting on 15 June 2023. The meeting papers and the transcript from that meeting can be found on the [website](#).

Survey

6. The Committee launched a survey to understand dentists' views of the recovery of NHS services. The survey was aimed at dentists who provide NHS services and ran from 5 May 2023 until 31 May 2023. The Committee received 225 responses and a summary of responses is provided in Paper 2.

Written submissions

7. **Annexe B** includes written evidence provided by the following witnesses—
 - Scottish Dental Association
 - British Dental Association
 - Scottish Dental Practice Owners

Next steps

8. The Committee will continue to take evidence on the inquiry at its meeting on 29 June 2023.

Committee Clerks
June 2023

ANNEXE A – Written evidence from Scottish Government

25 May 2023

RE: Recovery of NHS Dental Services

Dear Convener,

Thank-you for your letter of 27 April 2023 to Michael Matheson MSP, Cabinet Secretary for Health and Social Care, informing him of the intention of the Committee to consider the recovery of NHS dental services. I am responding as lead portfolio Minister for NHS dentistry and it is my intention to attend the Committee to give evidence on 29 June 2023.

The annex to this letter provides responses to the specific questions posed by the Committee as part of their initial evidence gathering.

If I may I would also like to take this opportunity to offer some reflections. As you will be aware from 23 March 2020, all routine dental care was forced to cease with the onset of the pandemic. Dentistry was disproportionately impacted by the pandemic because the majority of treatments and procedures include the use of aerosol generating procedures (AGPs), with the potential higher risk associated with viral transmission. It was not only disproportionate, but the impact was extended; it was not until April 2022 that sector-specific infection prevention and control (IPC) measures were sufficiently relaxed to allow NHS dentistry to operate under almost normal parameters for seeing patients.

The policy of the Scottish Government throughout the pandemic has been to preserve and protect NHS dentistry. In my view we have successfully done this. The Scottish Government invested over an additional £150 million in financial and PPE support to independent contractor practices providing NHS dental services. From April 2022 with the advent of the recovery period, the overarching public policy rationale for financial support shifted from emergency pandemic measures to tailored support linked to allow dentists to see more patients. In conjunction with the reanimation of the pre-pandemic system of fee-per-item that pays dentists for actual treatments, we introduced a ‘multiplier’ arrangement to enhance these payments allowing NHS dental practices to achieve temporary higher earnings as they increased capacity and took business decisions – as independent contractors – to sustain staff, facilities and consumables to recover services. This was developed in consultation with the sector and refined with the help of in-house professional advisors drawn from the dental profession.

The recovery policy has been successful with sustained increases in dental activity from April 2023. We have achieved over 3.7 million patient NHS contacts for the period April 2022 – March 2023. I understand that there is some concern we have not yet reached the levels of dental activity seen before the pandemic. I would argue that an explanatory factor is a significant change introduced from February 2022, replacing the basic examination fee with an enhanced examination. One of the key concerns that emerged from the Oral Health Improvement Plan Consultation Exercise in 2018 from NHS dental teams was the high volume of patient turnover, we took the considered policy view that this was not sustainable in the medium- to longer-term. Ministers have been cognisant of this professional feedback, and as a preliminary step before the relaxation of IPC controls, introduced

an enhanced examination to allow dentists to spend more time with each patient, but crucially this impacted on near-term volume in dental surgeries. Activity is a key metric in measuring the performance of any health care sector, but it is important that we also enable the right activity and in such a way that it is sustainable for the sector.

Going forward the single most important reform that Scottish Government can facilitate, in partnership with the sector, is payment reform. We have set out a programme of payment reform and consulted widely with the sector, building on the OHIP from 2018, to co-design a modernised system of payment that empowers dentists and support teams to provide sustainable clinical care. This new system is more transparent for patients and provides a financial package that ensures future sectoral buy-in and the long-term viability of NHS dentistry. The Scottish policy response has been configured to take account of dialogue and observed impact on public sector dental provision in other jurisdictions, notably England, Wales and Northern Ireland. The Chief Dental Officer is in regular dialogue with policy and clinical counterparts across the United Kingdom and our own carefully configured policy response has taken account of known issues and problems with sustaining access to affordable and resilience dental services that consider and protect the overall public good.

The Scottish Government recognises the challenges facing the sector. I would wish to make a number of observations in this space. Many of the challenges that the sector faces are external and common to many sectors of the broader economy, notably the macroeconomic

picture has deteriorated significantly since the end of the pandemic, with a cost of living and supply side shock impacting on the ability of independent practices to sustain themselves. The problem has been compounded by labour market constraints, partly attributable to Brexit, which has meant many practices have been unable to recruit sufficient numbers of dentists.

These are not problems that can be solved overnight and are impacting on this Government's dental recovery programme. We have put in place a suite of measures, increasing payments for newly qualified trainees joining areas of pressing need, and grants to practices for increasing NHS capacity.

Finally, I would like to offer the Committee (and the wider sector) the reassurance of this Government's commitment to NHS dentistry. The recent First Minister's Policy Prospectus made it absolutely clear our priority is to sustain and improved equitable national access by 2026. We have therefore much work to do under my stewardship as Minister for Public Health and Women's Health, and I look forward to working with the Committee in achieving this important aim for the people of Scotland.

Yours Sincerely,

Jenni Minto MSP

Annexe

1. How much of the Scottish Government's funding for ventilation and equipment was distributed to dentists in grant payments in each health board?

In recognition of the significant impact on NHS dentistry posed by Infection Prevention and Control (IPC) measures introduced during the Covid pandemic, additional grant funding was made available during 2021-22 to allow practices to invest in suitable equipment to increase patient throughput. The two investments, as outlined in the NHS Recovery Plan, were for i) ventilation improvement and ii) electric speed-adjusting (Red Band) hand drills.

Ventilation allowance payments

Ventilation was seen as a significant mitigation to increase the numbers of patients that might be seen safely in a dental setting - insufficient ventilation in practices due to the age of many premises (e.g. below the regulated 10 air changes per hour) necessitated fallow times between patients of up to 30 minutes. Following similar funding interventions in Wales (£4.5 million) and Northern Ireland (£1.5 million), a scheme was established whereby practices could claim in arrears for any expenditure incurred in artificially improving ventilation, thereby reducing fallow periods and increasing patient throughput.

As set out in PCA(D)(2021)3, issued to NHS Directors of Dentistry in July 2021 by Scottish Government, £5 million was made available to NHS Boards to facilitate the payment of a ventilation allowance to dental practices up to a maximum of £1,500 per surgery and upon completion of a claim. This allowance constituted amendment no. 150 to the Statement of Dental Remuneration (Determination X) and covered expenditure incurred and submitted to the Board for payment from 1 April 2020 to 31 March 2022.

Ventilation allowance payment breakdown, by NHS Board

Funding was provided to NHS Boards by the Scottish Government in July 2021 and allocated with consideration to the NRAC formula, ensuring equitable distribution across Scotland.

A breakdown of the payments made to NHS Boards is set out below.

	£
NHS Ayrshire and Arran	368,779
NHS Borders	106,308
NHS Dumfries and Galloway	149,599
NHS Fife	340,639
NHS Forth Valley	272,272
NHS Grampian	486,901
NHS Greater Glasgow and Clyde	1,110,626
NHS Highland	329,611
NHS Lanarkshire	613,254
NHS Lothian	748,568
NHS Orkney	25,066
NHS Shetland	24,422
NHS Tayside	390,530
NHS Western Isles	33,425

Total	5,000,000
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Detail of onward grants to individual surgeries, including their value, is not held by Scottish Government.

Electric speed-adjusting hand pieces

As intimated in the Ministerial covering letter, another significant barrier to dental access during the pandemic was potential risk of virus transmission associated with aerosol-generated procedures. Around 70% of dental treatments are reliant on the use of an aerosol.

The generation of a significant aerosol requires use of a high-speed drill operating in excess of 60,000 rpm. The Scottish Dental Clinical Effectiveness Programme (SDCEP) from the University of Dundee and NHS Education for Scotland concluded that instruments operating at speeds below 60,000 rpm did not constitute AGPs thereby negating the need for fallow time, and again increasing patient throughput where such instruments were used.

The Scottish Government made available £7.5 million of funding to support the procurement by dental practices of electric speed-adjusting (Red Band) hand drills. Provision of funding was set out in PCA(D)(2021)6, issued to NHS Directors of Dentistry in September 2021 by Scottish Government. This improvement allowance constituted amendment no. 152 to the Statement of Dental Remuneration (Determination X) and covered expenditure incurred and submitted to the Board for payment from 1 April 2020 to 31 March 2022. Payments were made to dental practices by the NHS Board on receipt of a valid claim, and up to a maximum of £2,500 per surgery.

Electric speed-adjusting hand piece payments breakdown, by NHS Board

Funding was provided to NHS Boards by the Scottish Government in September 2021 and allocated with consideration to the NRAC formula, ensuring equitable distribution across Scotland.

A breakdown of the payments made to NHS Boards is set out below.

	£
NHS Ayrshire and Arran	553,168
NHS Borders	159,462
NHS Dumfries and Galloway	224,398
NHS Fife	510,958
NHS Forth Valley	408,408
NHS Grampian	730,352
NHS Greater Glasgow and Clyde	1,665,939
NHS Highland	494,417
NHS Lanarkshire	919,881
NHS Lothian	1,122,852
NHS Orkney	37,599
NHS Shetland	36,633
NHS Tayside	585,795
NHS Western Isles	50,138
Total	7,500,000

Detail of onward grants to individual surgeries, including their value, is not held by Scottish Government.

2. What engagement has the Scottish Government had with the sector to seek feedback on the ventilation and equipment funding it made available?

Prior to the identification of funding to provide specific support for the recovery of NHS dentistry, the Scottish Government's Chief Dental Officer (CDO) wrote out to all dentists on 31 March 2021 (letter reference *CDO (2021)3*) inviting their participation in a Scottish Government survey on ventilation in practice. In recognition that many older surgeries had sub-optimal ventilation (with respect to the regulated 10 air changes per hour), and following similar interventions by NHS Wales and the Northern Ireland Department of Health in December 2020 and February 2021 respectively, effective ventilation was noted as one intervention to support the health and safety of dental practitioners while improving activity in the sector.

The survey closed on 23 April 2021 and 721 responses were received, representing 65% of known NHS practices. Key findings from the survey were:

- That around 90% of treatment rooms were in use at the time, although only two-thirds were ventilated to the required standard;
- 43% of respondents had already made upgrades to their ventilation capacity in response to the IPC measures in place; and
- That typical spend on ventilation improvements was between £500 and £1,00, albeit with some practices noting spend in excess of this level.

Following analysis of the survey responses, PCA(D)(2021)3 notified NHS Directors of Dentistry of £5 million of funding to be used for provision of a ventilation allowance of up to £1,500 through Determination X of the Statement of Dental Remuneration. This allowance was to be used to support dental practices in the purchase, renewal or upgrade of ventilation equipment, such as air scrubbers or other equipment which conditions/recycles the air) and was payable on receipt of a completed claim. In recognition that some practices had already made such improvements, both retrospective and prospective claims – supported by receipts and/or purchase orders – were permissible; the period of claim was therefore set as 1 April 2020 to 31 March 2022.

Funding for the purchase of Red Band drills was made available from September 2021 and was provided to the sector in recognition of the disproportionate level of AGPs used in dentistry, with knock-on impacts to activity and capacity.

Officials discussed funding for both allowances as part of regularly scheduled meetings with NHS Board Directors of Dentistry held during the period, and these discussions included the dispersal and uptake of available funding. Acting upon feedback from Directors regarding supply-chain disruptions and scarcity of suppliers for the assessment and fitting of ventilation needs and equipment, the deadline for submission of claims was extended to 30 June 2022. Where undisbursed funds remained with NHS Boards after this period, Scottish Government confirmed that funding could be used in the improvement of the dental estate.

3. What impact have multipliers and sustainability payments had on the recovery of services?

The Scottish Government has provided significant financial support to sustain NHS dental services since the start of the Covid-19 pandemic in March 2020. This includes support to maintain the capability of the sector to deliver NHS dental services that were in line with the cautious approach set out by Scottish Government during the initial stages of the pandemic and following relevant Infection Prevention Control (IPC) requirements.

The Scottish Government provided emergency financial support to NHS dental contractors and businesses during the period from March 2020 to April 2022, as this was required to maintain the capacity and the capability of the sector to deliver improved access to services, as the public health conditions allowed. These payments were essential to maintaining the integrity of the sector; there are over 1,000 dental practices in Scotland and without emergency funding support it would not have been possible for independent dental practices to maintain viable financial levels of income during the period of IPC restrictions.

As part of the emergency funding arrangements NHS dental practices received an uplift of 30% to the General Practice Allowance, and other allowance payments were protected. Alongside ventilation, red hand piece drill payments and provision of PPE an additional sustainability payment was also made to dental practices to further support them through the challenging pandemic period.

From April 2022 the emergency financial support was replaced by the 'multiplier' arrangement. This arrangement provided NHS dental contractors with an enhanced transitional payment that supported an increase in levels of activity in the sector, alongside the relaxation of IPC restrictions. The combination of increased payments directly linked to improving activity and significant reduction of IPC constraints in April 2022 has supported an increase in levels of activity.

For example, over 2.7 million NHS examination appointments were completed between April 2022 to March 2023, with an average of over 3.7 million courses of treatment completed in the 2022/23 financial year. The recovery phase was and continues to be supported by dedicated statistics published by Public Health Scotland at [NHS dental treatment statistics - quarter ending 31 March 2023 - NHS dental treatments report quarterly - Publications - Public Health Scotland](#).

The next phase of NHS dental recovery relates primarily to payment system reform, which builds on the Oral Health Improvement Plan of 2018. This aims to improve both clinical discretion and streamline Item of Service payments through a reduction in the numbers of fees from over 700 to 42. The temporary 'bridging' payment is supporting NHS dental incomes towards the delivery of reform and is intended to sustain the sector during this challenging economic period, as did the emergency financial support and 'multiplier' payments.

4. What evaluation has the Scottish Government undertaken of the funding it made available to dentists to improve ventilation and equipment (including the eligibility criteria, uptake distribution and implementation); and evaluation of the impact of sustainability payments and multipliers?

Information regarding the conditions of entitlement for both forms of grant funding was set out in the respective communications PCA(D)(2021)3 and PCA(D)(2021)6, and dental practitioners were reminded of the need to

ensure that purchased equipment was of sufficient specification. Ultimate discretion on the veracity of claims was held by NHS Boards who were responsible for disbursing funds in accordance with the stipulated criteria.

As NHS Boards were responsible for fund disbursement, uptake distribution and implementation was not monitored by Scottish Government, and no evaluation of the scheme has been undertaken. The funding support for ventilation and equipment provided by Scottish Government represented a one-off intervention to support dental practice recovery following the pandemic, including taking steps to meet best-practice antimicrobial resistance and healthcare associated infection (ARHAI) guidance on air changes.

The Scottish Government to date has not conducted a specific evaluation of the sustainability payments, and multipliers. However, the associated PHS publication, referenced in questions 3 and 5, shows that the multiplier payment allied to fee per item, as IPC restrictions were relaxed, was the predominant factor in increasing activity levels substantially from the pandemic period. Our view is that the emergency support payments, by preserving pre-pandemic levels of income, while practices were unable to see patients was critical to maintaining the integrity of the independent dental sector. Without these payments it is very likely large numbers of dental practices would have failed during the two-year period of pandemic restrictions.

5. What metrics is the Scottish Government using to monitor and measure access to dentistry services in the recovery period? What do these figures show?

As described in questions 3 and 4 the Scottish Government is using information provided by Public Health Scotland to monitor dental activity, alongside management level data to support Health Boards deliver NHS dental services. The latest Public Health Scotland publication was provided on 23 May 2023 and includes activity data up to end March 2023. This is available online: [NHS dental treatment statistics - quarter ending 31 March 2023 - NHS dental treatments report quarterly - Publications - Public Health Scotland](#).

In summary the data, as well as showing comparable information on courses of treatment, reviews key treatment items. For example, for the period April 2022 to March 2023, we have seen an increase in the quarterly activity levels of 63% in examinations (excluding child examinations), 27% in extractions, 64% in fillings, 40% in root canal treatments, 140% in scale and polishes, and 64% in radiographs, compared with the quarterly averages for the period 2021/22.

6. Has the Scottish Government realised its ambition to return NHS dentistry services to pre-pandemic levels? If not, when does it anticipate this ambition will be realised?

Throughout the course of the pandemic Scottish Government has sustained NHS dental services through significant financial interventions such as the emergency support payment, 'multiplier' and 'bridging' payments. Alongside payments to dentists the provision of PPE, support to improve ventilation, red band hand pieces and other measures have at different times been delivered to move the sector forward to the next stage of remobilisation, recovery and reform, at each stage improving patient access to care and treatment. Noticeable improvements in levels of activity since April 2022

coincided with a reduction in IPC constraints and introduction of 'multiplier' arrangements.

In terms of sector activity, the levels of spending are comparable to pre-pandemic levels, while overall levels of dental claims are lower. This is reflective of a range of factors, including economic and work-life balance, that are out-with the direction of Ministers. It is important to note that the changes to the examination appointment in February 2022 allowed for an enhanced examination to be provided to all patients, including a fee for this to children for the first time: this supports patient access to care through longer examinations. The enhanced examination also delivers a higher fee and therefore practitioners require to undertake fewer appointments to generate similar levels of income.

The message from the sector during the pandemic and into reform is that the delivery of modern clinical practices are less reliant on the high volume of treatment model that was in place prior to the pandemic. This has been addressed, in part, through those early reforms in February 2022 to introduce an enhanced examination fee.

The Scottish Government is moving forward with reform for dental services that is intended to further improve the long-term sustainability of NHS dental services and ensure that patient access to care and treatment is maintained.

Q7. What action is the Scottish Government taking to target the recovery of services in communities where participation levels are lowest?

We are committed to supporting the recovery of dental services across Scotland, with a particular focus on communities where participation levels are lowest. We have therefore taken forward a number of national initiatives, as well as targeting ethnic minorities and people living in socio-economic deprivation.

Childsmile

The 2022-23 Outcomes Framework allocation of £74.1 million brings together a number of funding streams, with funding for core Childsmile included as part of the dental services bundle. The Framework has a strong focus on delivering strategic priorities in respect of preventative health care and reducing health inequalities. The outcome for Childsmile is:

Improve the oral health of Scotland's children, specifically the achievement of the national outcomes:

- 75% of P1 children with no signs of dental disease by 2024 (this requires a ten percentage point increase on each NHS Boards last NDIP result)
- 80% of P7 children with no signs of dental disease by 2024 (this requires a ten percentage point increase on each NHS Boards last NDIP result)

In February 2022 Scottish Government invested an additional £1.9m over 2 years for the distribution of over 400,000 additional toothbrushing packs via childminders, health visitors, nurseries and baby box.

This additional funding supported the recruitment of an additional 41.5wte dental health support workers to the community Childsmile programme. Distribution of these posts across Scotland is based on share of national SIMD 1 datazones and distribution of ethnic minority populations. The ratio

used to allocate the resource is weighted 75% towards socioeconomic deprivation and 25% towards ethnic minority population distribution.

As of 31 March 2023, we have recruited to 97% of the additionally funded support worker roles. All recruited staff in post are trained or have a place on training. The 3% (1.2 wte) still to be recruited, are in rural/remote areas and the recruitment process continues.

Also from 1 February 2022, 'Childsmile in Practice' was expanded to include all children up to 17 years of age (previously up to 5 years of age), and fluoride varnish application claims can now be made for children from age two to age 12 years (previously between 2 and 5 years of age).

Eat Well for Oral Health

Part of the legacy of the Scottish Government's Community Challenge Fund 2019-2022 is a focused community-based food skills and nutrition project, designed to drive oral health improvements for those living in vulnerable circumstances and affected by socio-economic inequalities and/ or ethnic minorities experiencing racialised inequalities.

Eat Well for Oral Health is delivered by Edinburgh Community Food and LINKnet in partnership with NHS Lothian, with an intention to scale and spread across other parts of Scotland.

It is designed to improve child, family and targeted communities' oral health by sharing diet and nutrition knowledge and enhancing cooking skills and confidence using a community-based approach.

The project links with participants through existing community groups to provide support and focus relevant messaging within each group.

Community members participate in an 8-week cooking, nutrition and oral health awareness course (5 cooking workshops and 3 oral health workshops), that meet once per week for 2 hours.

In addition, LINKnet provides group-based and individual oral health awareness, advocacy support and training courses and Edinburgh Community Food offer weaning and fussy eating support and nationally certified REHIS training courses in Food and Health and Eating Well for Older People.

Oral Health Inequalities – Children and Young People

As part of the recovery of NHS dental services we have increased funding to child dental services by introducing for the first time an enhanced examination fee from 1 February 2022. The latest activity statistics from Public Health Scotland show that over 660,000 child examinations have been provided since the introduction of the new child examination fee.

In addition, new measures to introduce free NHS dental care to all young people aged 18 to 25 (inclusive) came into force as of August 2021, with an estimated 600,000 young people benefiting from this policy.

Q8. What are the barriers to realising the recovery of NHS dentistry services and how is the Scottish Government addressing these?

The Scottish Government maintains the ongoing recovery of NHS dental services as a key priority. In working to achieve this goal we continue to

liaise with the sector to understand their pressures as well as their ambitions for the delivery of safe, patient centred and effective care into the future. In addition we recognise the challenges faced by many communities outside of the major central belt conurbations. We aim to improve the current level of access to NHS care through a number of revised and new initiatives.

We understand that in certain areas, NHS dental access is challenging – in many cases exacerbated by Brexit controls, as well as the unique difficulties following the pandemic. Therefore, we have established regular meetings with the Boards to support them, gather information on current and possible local issues, and help provide contingencies for the Boards to address those issues.

Local Contingency Support/Workforce Initiatives

The recruitment of dentists is a significant barrier we are facing within the recovery of NHS dental services. This is more challenging in some areas, particularly those with remote and rural predominance. It is for this reason that we:

- 1) Have made changes to recruitment and retention allowance to include a wider range of areas across Scotland, as detailed in PCA(D)(2023)1. Recruitment and retention allowances are available to dentists who undertake to provide GDS services within designated remote and rural areas of Scotland. An allowance of up to £25,000 is available over a two-year period where a dentist joins a dental list in Scotland to provide NHS care. We have also made an additional £12,500 available to newly qualified dentists who undertake their postgraduate training in a remote area – this is available once again to young dentists at the completion of their training year to improve retention to these areas.
- 2) Have increased the areas that fall under the Scottish Dental Access Initiative (SDAI) grant scheme, as detailed in PCA(D)(2023)2. This provides capital grants to encourage the opening of new, and expansion of existing dental practices where this is done to register and maintain new NHS patients in areas of unmet treatment need. Grants of up to £100,000 are available to the first treatment room in a new practice with an additional £25,000 per additional treatment room provided. Existing practices can access the grant for the provision of additional treatment rooms in the same way. Accepting this grant ensures that the practices agree to provide a long-term commitment to delivering NHS care.

From April 2023, the SDAI grant includes the following designated areas in order to meet unmet patient demand:

- Dalmellington and Patna within NHS Ayrshire and Arran;
- NHS Borders;
- NHS Dumfries and Galloway;
- Auchtermuchty, Leslie, Newburgh and Tayport within NHS Fife;
- Stirlingshire within NHS Forth Valley;
- Banff, Fraserburgh, Huntly and Moray within NHS Grampian;
- NHS Highland;
- NHS Orkney;
- NHS Shetland;

- Arbroath, Dundee, Forfar, Monifieth and Kinross within NHS Tayside;
- NHS Western Isles.

Some of the more remote areas have traditionally relied on the successful integration of dentists from the wider EU, something that has become more challenging since Brexit. Scottish Ministers are in the process of writing to UK Ministers in the interests of increasing the dental workforce from overseas. We intend to ensure the UK Government and the General Dental Council recognises the needs of the dental sector in Scotland and that increasing the workforce pipeline is our priority.

In terms of Scottish training, there is to some degree a natural mitigation as we recover from the pandemic impact. During the pandemic it was essential not just to postpone face to face appointments, but also dental educational programmes. For example, we must be mindful of the unique circumstances where dental undergraduates and vocational trainees were required to repeat a year because of Covid precautionary measures. This has had a profound but temporary effect, likely to be up to 5 years, on dental workforce numbers. We have now returned to a position of a full complement of vocational trainees per annum.

National Economic Impacts/Payment Reform

During the course of the pandemic and subsequent recovery phase the Scottish Government have provided additional support to the sector worth £150m in the form of direct funding and free PPE. This allowed the sector to emerge from the pandemic in a strong position to resume the delivery of patient care. In overall terms, while the dental sector is now performing well with a recovery in activity levels, rising inflation and existential macroeconomic effects are having a significant impact on the dental sector. We see payment reform as the most practical national response to the situation presently facing the sector. While we work apace on payment reform, we have retained interim support measures at a 10 per cent premium on fee per item in order to provide protection from dental inflation and the supply-side effects of the present economic environment.

Q9. What is the status and progress on Oral Health Improvement Plan pre and post pandemic (i.e. Jan 2018 – April 2023)?

Despite the difficulties of the pandemic, significant progress has been made on the commitments from the Oral Health Improvement Plan (OHIP) since its publication in 2018. We continue to use the OHIP to build on our planned reforms to NHS dentistry, beginning with payment reform.

Pre-pandemic (January 2018 – March 2020)

Community Challenge Fund

The OHIP committed to delivering a 3-year Oral Health Community Challenge Fund (CCF) to help reduce socio-economic oral health inequalities.

The CCF launched in 2019 and saw an investment by Scottish Government of £2.5 million over the period July 2019 - March 2022, to support 20 third sector or community-based oral health projects.

The aim was to enable third sector organisations in areas of multiple deprivation to build relationships within their communities that would reduce oral health inequalities and support better early years oral health.

Despite the COVID-19 pandemic, all projects worked closely with some of the most vulnerable and disadvantaged communities, to share oral health messaging, co-produce solutions, and provide advocacy and support to accessing services.

The projects were shown to have successfully impacted on the lifestyles of children, their families, and their community.

Older People

The OHIP recognises the increasing challenge of an ageing population in Scotland and the requirement to ensure the maintenance of good oral health in a domiciliary care setting.

That is why in June 2019 we established a new model of delivery of domiciliary dental care, involving a bespoke training and mentoring programme developed by NHS Education for Scotland, to enable accredited General Dental Practitioners (GDPs) to provide care in care homes.

These 'Enhanced Skills' GDPs augment the previous ad hoc arrangements relating to GDPs and Public Dental Service dentists who have traditionally supported those living in residential settings – allowing the right service to provide the right care, in the right place.

'Caring for Smiles' – our national oral health improvement programme for older people living in care homes - continues to provide training for care home staff and a range of preventive services.

Education and Training

In 2020 we met our OHIP commitment to develop a General Dental Practitioner Fellowship Programme, which has been designed by NHS Education for Scotland to enhance clinical skills, develop quality improvement skills and support remote and rural working. There are 3 GDP fellows this year.

Post Pandemic (April 2022 – April 2023)

Payment Reform

Reforming the NHS dentistry payment system is a significant step in meeting the commitments from the OHIP, in which we committed to streamline item of service payments to GDPs and improve patient information.

The modernised system will see significant changes to how we pay for NHS dental services. The Scottish Government takes the view that the present blended system of payment, comprising fee per item, capitation, allowance and direct reimbursement payment should remain. However, the intention is to reduce the number of fee per item payments substantially, renewing and updating the system to reflect modern dental techniques and allow NHS dental teams far greater degrees of clinical discretion. The intention is to shift the payment system from a high bureaucracy/low trust model to one of high trust/low bureaucracy. We believe that by doing so payment reform will

provide longer-term sustainability to the sector, encouraging dentists to provide NHS care.

The underlying approach has been to build on the OHIP to deliver a new payment system that delivers preventive care and supports patient understanding of the NHS dental treatment offer.

Eat Well for Oral Health

Reference Q7.

Oral Health – Children and Young People

Reference Q7.

Oral Health Improvement Group

The OHIP committed to establishing a single working group to provide strategic oversight to all national oral health improvement programmes.

In 2023 we established the national Oral Health Improvement Leadership Group, comprising members from Scottish Government, NHS Boards and academia. This group has oversight for the progression of our national Oral Health Improvement programmes, targeted at young people (Childsmile), older people living in care homes (Caring for Smiles), homeless people (Smile for Life), offenders in prison (Mouth Matters) and most recently for people with special care needs (Open Wide), as well as a number of other oral health improvement initiatives.

Workforce

There was a commitment from the OHIP to introduce a Director of Dentistry in each Board area. This has now been achieved, with all 14 Health Boards having appointed a Director of Dentistry to support the operation of NHS dental services in their area. The Scottish Government meets with Directors of Dentistry fortnightly.

The OHIP also committed to promote working in remote and rural areas of Scotland. We have made funding available to offer a number of grants and allowances in remote and rural areas to incentivise dental practitioners and practice owners to work in these Health Board areas. In addition to the Scottish Dental Access Initiative (SDAI) grant and Recruitment and Retention Allowance as referenced in Q8, we also have the Remote Areas Allowance available, which pays out up to £9,000 to dentists providing NHS dental services in qualifying areas.

ANNEXE B – Written submissions from witnesses

Scottish Dental Association

Dear Convener,

Thank you for the invitation to appear before the committee and to offer evidence on recovery of NHS Dental Services.

The Scottish Dental Association (SDA) represents hundreds of registered dental practitioners and their team members; our firm belief is that there is a need and a place for quality NHS dental care.

We were founded in 2020 to advocate for what we believed, and still believe, is the urgent requirement for genuine reform in service provision and funding and also to be a voice to the wider NHS and Government for dentists and their teams.

Since the start of the Covid-19 pandemic NHS dental services have lurched from crisis to crisis and now the facts confirm that continuation of provision is in doubt in much of the country. Only today The Scottish Parliament Information Centre¹ has published information on where we are and some of the reasons we have reached this point.

In this submission we wish to highlight what we believe are some of the major issues currently facing NHS dental services and also to propose solutions of these issues.

Funding

In her written submission to your committee the Minister has acknowledged the urgency of a reformed payment system for NHS dentistry. There are multiple problems with the current arrangements but what is beyond dispute is the very significant increase in costs has not been matched by an increase in fees.

Indeed last spring the “multiplier” payment was set at x1.7 of normal gross fees, only to be reduced in the autumn and now sits at only x1.1 of normal gross fees.

Our members who are principal dentists (dentists who own practices) tell us it is simply not possible to operate a largely NHS practice with current funding.

Solution - SDA’s proposed solution is to move from a fee per item model of funding towards a more GP type funding system, with staffing costs and operating costs met - or at least covered more fully - by the NHS.

For whatever reasons Scottish Government seems committed to a fee per item system and we strongly believe recovery and enhancement of NHS services is not possible in this model without very significant increase in fees to reflect the costs practices now face.

¹ NHS Dental Services in Scotland – Braced for change – SPICe Spotlight, URL: <https://spicespotlight.scot/2023/06/06/nhs-dental-services-in-scotland-braced-for-change/> - accessed 7/6/23

Recruitment and retention

This issue is intimately linked to funding according to most of our members. Essentially most new graduates and many younger (35 years and under) dentists do not wish to work in the NHS system.

The longstanding nickname of “The Treadmill” may well explain why this type of professional life is being rejected wholesale by the future of our profession.

SDA does acknowledge the impact of Brexit and other challenges on the numbers of dentists but the facts are many older dentists have either retired early or reduced their hours to cope with the increasingly unmanageable stress levels many experience or because, frankly, it isn't financially worthwhile to provide significant levels of NHS dentistry.

Issues around training of dentists are also contributing to challenges; many University Dental Schools now have up to 20% foreign students in each year group. Evidence shows it is highly unlikely these students will remain in Scotland in the longer term.

A significant majority of students have also been female for many years and this seems to impact on working patterns, for example due to career breaks for caring responsibilities.

Solution - Simply put NHS dentistry needs to become attractive.

This could be achieved by improving remuneration (ideally along GP type salaried lines) and in general moving towards a co-operate culture where dentists and the NHS/ Government work hand in hand for patient care.

For example, the comments last year the chamber by the then Minister for Health (Mr Yousaf) that some dentists were deliberately “upselling” private dentistry and he would be contacting the GDC to complain left a bitter taste in the mouths of many dentist and team members.

Workforce planning needs to reflect increased need for services and ensure the NHS has the supply of practitioners it requires.

Real reform

Given Scottish Government's stated plan is essentially to slim down the current fee scale (the Statement of Dental Remuneration, SDR) and increase the fees somewhat it is hard to see any real reform ever taking place.

Dentists have decided in many cases to vote with their feet and reduced or even cease their NHS provision because they have lost hope and faith in this process. They have also lost hope and faith in Scottish Government's willingness to actually accept things have to change if they are to improve.

Our members are overwhelming supportive in principle of the NHS and entered dentistry to provide care to as many people as possible. They were happy to do this when it was financially viable, despite the fact it has always been possible to earn more money privately.

The reform agenda is not and never has been primarily about increasing our funding despite the now critical nature of that. The reform agenda is about creating NHS dental services fit for purpose for a modern nation in

the 21st century.

All the words, no doubt well meaning, from Scottish Government about manifesto commitments to dentistry are frankly worthless without concrete immediate actions and ongoing partnership with the profession.

Solution - In addition the urgent need to immediate improve funding SDA calls on the

Parliament to launch a full investigation into NHS dental services, both primary and secondary care, to bring together all stakeholders (including patient representatives) and design reforms which are real, progressive, and sustainable.

SDA would be delighted to take part in that process and we believe unless sustained and focussed investment of resources, both financial and other, is given to the dental sector continued atrophy and even collapse is unavoidable.

Now is the time for action to prevent a worsening of the situation and we look forward to playing a continuing role in the discussions.

Thank you for giving this your consideration and I look forward to appearing before the committee on the 22nd of this month.

Faithfully,

Douglas Thain
Chair, Scottish Dental Association

British Dental Association (BDA)

Background

1. The BDA is the voice of dentists and dental students in the UK. As a trade union and professional body, we represent [all fields of dentistry](#).
2. This submission is a top-level response to the key themes set by the Inquiry, and we would be keen to provide more detailed evidence during our oral evidence session and respond to any follow up questions. The pandemic hit NHS dentistry in Scotland like no other part of the health service. Lost capacity on the high street exceeds general medical practice and secondary care, resulting in backlogs that will take many years to clear.
3. It will be impossible to restore pre-pandemic activity without radical change. The low margin/high volume model the service works to, was incompatible with working through the pandemic and cannot form the basis for a meaningful or sustainable recovery. This leaves the service at a crossroads: with a contract that is unfit for purpose, underfunded, overstretched and facing the challenge of deep and widening oral health inequalities. We fear that an exodus of dentists from the NHS is now already in motion and this is not fully recognised by Government in Scotland.
4. Our surveys indicate just 1 in 5 (21%) of practices have returned to pre-COVID-19 capacity. The hard limits on restoring capacity, and the existential threats to NHS dental services require a proportionate response from the Scottish Government. Any recovery rests on reform.

Theme 1: The extent to which NHS dentistry services have recovered to pre-pandemic levels since the NHS Recovery Plan was published.

5. The pandemic's impact on dentistry exceeds any other part of the NHS in Scotland. This unique status requires ongoing support and wholesale reform.
6. Dentistry has lost over half (52%) of its capacity since lockdown, when comparing examinations delivered since March 2020 with typical levels pre-COVID.
7. For GPs, that figure is just over 30% (when looking at lost face-to-face appointments). It is just over 6% for hospital outpatients and in terms of volume, inpatient care appears to have already recovered lost ground.
8. By any measure captured in official data, whether it is examinations or Statement of Dental Remuneration (SDR) activity claims, Scotland has lost more than a year's worth of NHS dentistry. Ongoing access problems are fuelling backlogs, with patients presenting with higher levels of clinical need.

9. Over two thirds (67%) of GDPs surveyed by the BDA cite higher needs patients requiring more clinical time as a key issue on return to full capacity. The only comparable problems are those concerning recruitment and retention of dentists (61%).
10. Recent data from Public Health Scotland confirms a concerning lack of recovery following the pandemic with participation rates – contact with a dentist within the past two years – continuing to fall post-pandemic. In September 2022 just 50.4% of all registered patients had seen an NHS dentist within the last two years, still down on the 52.6% seen in 2021, and a considerable reduction from almost two-thirds (65.1%) in 2020. Lower levels of participation may lead to a higher dental disease burden, and a further widening of oral health inequalities given the impact of limited access to services, the temporary suspension of public health programmes, and the impact of lockdown diets. Lower participation will reduce the chance of identifying early signs of decay and oral cancers at routine check-ups, and delays in treatment will mean higher costs to the NHS and worse outcomes for patients.

Theme 2: How access to services is being targeted and monitored in communities that experience health inequalities.

11. Pre-existing inequalities in oral health became even more marked, with the loss of treatment and preventive services during the pandemic and the severely limited capacity upon resumption of routine care disproportionately affecting people from disadvantaged and vulnerable/shielded groups. With access to dentistry limited and tangible barriers to accessing private care, particularly for lower income/higher needs groups, many people continued to experience dental pain and resorted to self-medication and “DIY” treatments, with severe implications for their ongoing health and wellbeing.
12. Data from the [National Dental Inspection Programme](#) enables the monitoring of trends in oral health and identification of areas of inequality. Whilst the pandemic caused disruption to the programme, results from the basic inspection of P1 children (aged 4.5 - 5.5y) in 2021/22, reported that the proportion of children estimated to have severe decay or abscess increased from 6.6% in 2020 to 9.7% in 2022. With respect to inequalities, fewer children in the most deprived areas (58%) had no obvious decay experience than those in the least deprived (86%). These results indicate that renewed efforts are needed to address this stark and worrying situation with oral health inequalities.
13. The pandemic has created a backlog of care and continues to impact child oral health. The [Childsmile](#) programme, which seeks to improve oral health and support the reduction in inequalities in children’s oral health, suspended face to face activities at the beginning of the pandemic. The programme was paused in school year 2020-21 and only partially restarted in school year 2021-22.
14. The impact of restrictions on access was deeply felt across public dental services and secondary care dental services. The provision of dental treatment under general anaesthetic were severely impacted, initially with suspension of elective procedures and then by the need

to meet social distancing and additional infection control procedures, COVID-19 testing and shielding of patients preoperatively was very challenging and resulted in many cancelled procedures. List allocation often depended on prioritisation of surgical care, with dentistry not always recognised against other surgical specialities. Reduced theatre access and a reduction in surgical capacity also had a severe impact on these waiting times.

15. These waiting times are leaving vulnerable adults and children in immense pain and distress. The children and adults on these waiting lists, frequently have a complex mix of medical conditions, often including autism and learning disabilities, with some people unable to communicate the fact that they are in pain. Problems with eating, speaking and sleeping are unacceptable to anyone, let alone our most vulnerable patients.
16. Addressing these dental waiting lists will take years. Dental general anaesthetic services must be included as part of wider restoration and recovery planning, alongside other elective surgical provision.
17. The unsustainable business models NHS dentists are operating to appears to be driving more and more colleagues towards the private sector. We explore these important themes below. It goes without saying that any further deterioration in the sustainability of NHS services will be felt most in Scotland's most deprived communities.

Theme 3: Implementation of funding to improve ventilation and other equipment available to practices delivering NHS dentistry services.

18. Fallow time (period necessary following dental procedures carrying a higher risk of exposure to potentially infectious aerosols) was a very significant challenge with uncertainty on the use of air exchangers. Most courses of dental treatment – for instance any involving drilling or scale and polish – involve Aerosol Generating Procedures (AGPs), which create airborne particles that can contain viruses and bacteria. Given concerns about airborne virus transmission, after each such procedure dentists were required to leave treatment rooms empty for up to an hour before cleaning, which dramatically lowered the number of patients they were able to treat. We called on all UK governments to provide capital investment that could help safely increase patient volumes.
19. On 27 November 2020, we asked the Scottish Government to provide capital funding to allow practices to invest in ventilation systems to reduce fallow time. In March 2021 the Scottish Government asked the profession to complete a [survey](#), to investigate ways of supporting the sector, to understand what issues practices had experienced in relation to ventilation and reducing fallow time and whether they had taken any action to improve this. This data was to help inform government policy, allowing them to more accurately assess need, readiness to upgrade and understand investments in ventilation equipment made to date. There were 712 final responses, a response rate of 65% of all practices. 43% of respondents indicated they had already made upgrades to their ventilation capacity. The amount of

money spent varied, but a typical response was between £500 and £1,000.

20. On 9 June 2021, the Chief Dental Officer (CDO) in Scotland wrote to NHS dental practices to advise that the Scottish Government would provide up to £5 million to help dental practices purchase, renew or upgrade ventilation equipment that meets the requirement of 10 air changes per hour. Practices could claim this funding retrospectively for the period 1 April 2020 – 31 March 2022.
21. Whilst the BDA welcomed Scottish Government's decision to extend funding for ventilation and electric speed adjusting handpieces to help cover the maintenance costs of equipment damaged due to additional cleaning because of increased COVID-19 protocols, the support in isolation is insufficient to return dentistry to pre-pandemic levels of activity. Fundamentally it could not restore a 'business as usual' service in dentistry based on a flawed system. A BDA survey in Scotland showed that over 30% of dentists chose not to apply for the funding; one of the conditions for receiving the grant was that dentists had to commit to deliver NHS dentistry for 3 years, with some respondents being unwilling to do this given the flawed NHS funding arrangements.
22. Ongoing infection prevention and control restrictions were recently identified by just 19% of practices as having an impact on their capacity. The incentive for immediate investment may well have receded, but there should be consideration of 'future proofing' dental practices. The sector's resilience and preparedness for the next pandemic event cannot be left to the 11th hour.

Theme 4: BDA commentary regarding wider lessons from the pandemic and opportunities for recovery.

23. We cannot overemphasise the importance of the human factors in ensuring the provision of NHS dentistry. Scotland simply cannot have NHS dentistry without NHS dentists. Any recovery rests on colleagues being willing and ready to build a career in the service. Regrettably we know that we are very far from that place and the BDA continue to offer to work with Scottish Government to identify solutions.
24. Our recent survey suggests an exodus is in motion. 59% of dentists say they have reduced the amount of NHS work they undertake since lockdown – by an average of over a fifth. This movement is unfortunately going unseen within official data, which counts heads in the workforce, not commitment and gives the same weight to a dentist doing a single NHS check-up a year as an NHS full timer. Over 4 in 5 (83%) now say they will reduce – or further reduce – their NHS commitments in the year ahead. Over a third (34%) say they will change career or seek early retirement.
25. Recovery hinges on root and branch changes to contracts and business models that were struggling even in a pre- COVID age. Now years of systemic underfunding – wedded to soaring inflation, mean many providers now face the prospect of delivering care at a loss. There is no hope for recovery whilst working within this model of care

and the BDA have been clear on the need to reform the current model of care. There have been recent developments in relation to reform of the SDR.

26. The CDO engaged with the dental teams during 2022 to start a process of reforming the SDR Determination 1, which is a list of dental treatment items and associated payments. A survey was sent to the sector and over 80% of respondents stated that they would prefer to work via a reduced Determination I. A CDO advisory group was established, and workshops took place to determine the new list of items within the Determination 1. The BDA was not involved in this process.

27. The reform process has recently moved forward, with the following joint statement being published on 10 May 2023. Payment reform discussions are currently confidential.

“BDA Scotland/ SDPC representatives and Scottish Government held a meeting on Wednesday 10 May 2023 to initiate a formal discussion about setting fees for the revised Determination I payment system reform. The discussions build on the previous development work on the scope of the revised Determination I through the Chief Dental Officer’s Advisory Group. The discussions are being held in a confidential manner at present, however, it is the intention that there will be an announcement to the profession in early summer. There are a range of matters that the discussions will be focusing on, and it is anticipated that there will be significant dialogue in the coming weeks.”

28. The outcome of payment reform will be critical for the dental sector. This reform will determine the future of NHS dentistry in Scotland and impact on the provision of care across the whole of the dental system, including the public dental service and hospital dental services.

29. In conclusion, some of the choices made at the outset of the pandemic effectively categorised dentistry as a ‘non-essential’ service. This must be avoided in the future. The shift to an urgent dental care model appeared to have been largely predicated on the availability of PPE. Scotland is still living with the results.

30. Dentistry isn’t an optional extra. Our teams are made up of key workers, providing an essential service to millions. With appropriate standard operating procedure in place and reliable supplies of PPE, we would hope and expect that there will be no suspension of face-to-face care during any future pandemic.

31. As we stated at the beginning of our evidence, it will be impossible to restore pre-pandemic activity without radical change. Recovery planning for dentistry in the short, medium and long term, must be a priority for the Scottish Government. Any recovery rests on reform and the delivery of that reform will be critical.

BDA Scotland
June 2023

Scottish Dental Practice Owners

SDPO- SCOTTISH DENTAL PRACTICE OWNERS

- Established in 2020 <https://www.sdpo.org.uk/>
- The Voice of Scotland's Independent Dental Practice Owners
- Investing in Scotland's health and economy
- We represent 469 independent dental practice owners across Scotland, providing care to approximately 3.5 million patients.

Why is SDPO important?

- Practice owners provide the backbone for service delivery within NHS GDS in Scotland.
- They care for the well being of their patients.
- They are also business owners and entrepreneurs who invest in Scottish Public health.
- Practice owners put their investments and life savings in line and passionately provide for much needed health care.



EVERYONE MATTERS:
2020 WORKFORCE VISION

“We will deliver seamless healthcare; working with partners in social care, the voluntary sector, independent providers and carers.”

“Our work will increasingly focus on preventing and detecting health problems.”

“We will deliver the high quality healthcare that the people of Scotland expect and deserve.”

that are shared across Scotland's Health Service to guide the way they work and the decisions they take.

Alex Neil
Cabinet Secretary
for Health and Wellbeing

“People who are valued and treated well improve patient care and overall performance.”

Rapidly progressing field of Dentistry.

- Science and Technology has evolved leaps and bounds in dentistry within the last 15-20 years.
- This is great for patient care.
- Professionals understand their needs better.
- Dentistry is no more drill and fill approach of yester years.
- Its more about care, quality and skill.
- Combination of these factors have made it expensive.

PRE PANDEMIC NHS DENTISTRY

- SDR has long been declared as unreasonable instrument for delivery of fair and reasonable oral health care.
- At the heart of SDR is a disease centred approach - practitioners rewarded for actual number of treatments carried out and not for preventing disease.
- It is absolutely necessary for preventative care if Oral Health of Scotland needs to improve.
- SDR Raised patient expectations that could not be delivered clinically purely due to financial reasons and the provisos that were added.
- Majority of care delivered by independent contractors in NHS GDS. They run the business and contractually binds them at costs set by Scottish Government.
- Direct conflict with Montgomery case 2015 - patient consents for best treatment but delivery has to be cheapest available.
- GDC expects every practitioner to deliver care above set standards based on evidence, failing this practitioner will be subjected to FTP.
- Funding available cannot match the set standard as many codes are loss making.
- Lab costs were phenomenally high even before pandemic.
- No consideration to the quality of care and time involved in such care.
- Scottish government in its white paper on workforce management in 2012 has promised a world class NHS dentistry by 2020 and we were nowhere near even essential standards by 2020.
- There was a consultation and pathway set up in 2016 for new model of care which was shelved and didn't make any impact. Money spent on this was wasted.
- Overall system was unreasonable and unfair.

POST PANDEMIC NHS DENTISTRY

- Practice owners thank SG for supporting the profession through the pandemic.
- We understand the financial pressures and not demanding extra money.
- New model of care should have been delivered by working group set up in 2021 to be delivered by spring 2022. There is no sign of it but some closed-door discussions have taken place with no discussion on financial aspects which is the centre point.

Challenges with NHS dentistry today.

- Service delivery affected by:

- Recruitment crisis -Lack of skilled professionals.
- Energy costs
- Brexit impact
- Rising Material costs
- Finite resources available for practice owners to deliver.
- Covid support should have continued until a reliable and functional model had evolved.

POST PANDEMIC NHS DENTISTRY

- Patient expectations has increased by repeated SG promises of free delivery. Under 26s getting free treatment has not been costed and were not consulted.
- Independent contractors are frustrated and have started deregistration and moved towards independent dental plans as they see no future in NHS dentistry.
- Availability of NHS dentists taking new patients have reduced.
- Practice owners need clear direction as they have deliver patient care.
- Business cannot survive with this uncertainty.
- New model of care is now postponed to winter 2023.
- Previous discussions with CDO have not been helpful.

Expectations

- Clear process of negotiations not only for now but also for future.
- Model based on preventative approach not disease centred approach.
- We are not asking for extra money -
- Allocate funds towards prevention and core service.
- Enable more patient choice.
- Please listen to the profession.
- We understand Scottish Government only carries out negotiations with British Dental Association in past.
- BDA have affirmed on many occasions no negotiations have taken place and Scottish Government just makes up its mind rules are made up with no scope for debate. • Format of consultation and negotiation has to be revamped to ensure a fair process in place.

Thank you for understanding and patient consideration.

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